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| UTILITY PATENT APPLICATION TRANSMITTAL | |
| (Only for new nonprovisional applications under 37 C.F.R. § 1.53(b)) | |

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| Attorney Docket No. | P-6391-US | |
| First Inventor or Application Identifier | | KRUPKA, Eyal |
| Title | MICRO-ELECTRO-MECHANICAL SYSTEMS (MEMS) DEVICE AND METHOD OF PRODUCING THE SAME | |
| Express Mail Label No. | | |

APPLICATION ELEMENTS
See MPEP chapter 600 concerning patent application contents

1. * Fee Transmittal Form (e.g., PTO/SB/17)
(Submit an original and a duplicate for fee processing)
2. Applicant claims small entity status.
See 37 CFR 1.27.
3. Specification [Total Pages 21]
(preferred arrangement set forth below)
 - Descriptive title of the Invention
 - Cross References to Related Applications
 - Statement Regarding Fed sponsored R & D
 - Reference to sequence listing, a table; or a computer program listing appendix
 - Background of the Invention
 - Brief Summary of the Invention
 - Brief Description of the Drawings (if filed)
 - Detailed Description
 - Claim(s)
 - Abstract of the Disclosure
4. Drawing(s) (35 U.S.C. 113) [Total Sheets 2]
5. Oath or Declaration [Total Pages 3]
 - a. Newly executed (original or copy)
 - b. Copy from a prior application (37 C.F.R. § 1.63(d))
(for continuation/divisional with Box 16 completed)
 - i. **DELETION OF INVENTOR(S)**
Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).
6. Application Data Sheet. See 37 CFR 1.76

Commissioner for Patents
P. O. Box 1450
Alexandria, VA 22313-1450

7. CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
8. Nucleotide and/or Amino Acid Sequence Submission
(if applicable, all necessary)
 - a. Computer Readable Form (CRF)
 - b. Specification Sequence Listing on:
 - i. CD-ROM or CD-R (2 copies); or
 - ii. paper
 - c. Statements verifying identity of above copies

15535 U.S. PTO
10/8/2005

033104

ACCOMPANYING APPLICATION PARTS

9. Assignment Papers (cover sheet & document(s))
10. 37 C.F.R. §3.73(b) Statement
(when there is an assignee) Power of Attorney
11. English Translation Document (if applicable)
12. Information Disclosure Statement(IDS)/PTO-1449 Copies of IDS Citations
13. Preliminary Amendment
14. Return Receipt Postcard (MPEP 5303)
(Should be specifically itemized)
15. Certified Copy of Priority Document(s)
(if foreign priority is claimed)
16. Postcard
Other: _____

17. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

Continuation Divisional Continuation-in-part (CIP) of prior application No.: _____ / _____
Prior application information: Examiner Group/Art Unit: _____

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

18. CORRESPONDENCE ADDRESS

| | | | | |
|---|--|--|----------------|--|
| <input checked="" type="checkbox"/> Customer Number or Bar Code | | 27130 (Insert Customer No. or Attach bar code label here) | | <input type="checkbox"/> or <input checked="" type="checkbox"/> Correspondence address below |
| Name | Eitan, Pearl, Latzer & Cohen Zedek, LLP. | | | |
| Address | 10 Rockefeller Plaza Suite 1001 | | | |
| City | New York | State | New York | Zip Code |
| Country | USA | Telephone | (212) 632-3480 | Fax |

| | | | |
|-------------------|---------------|-----------------------------------|--------|
| Name (Print/Type) | Mark S. Cohen | Registration No. (Attorney/Agent) | 42,425 |
| Signature | 30 March 2004 | | |

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

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|--|--|--------------------------|--------------|
| FEE TRANSMITTAL for FY 2004 | | Complete if Known | |
| Effective 10/01/2003. Patent fees are subject to annual revision. | | Application Number | |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 | | Filing Date | |
| TOTAL AMOUNT OF PAYMENT (\$1298.00) | | First Named Inventor | KRUPKA, Eyal |
| | | Examiner Name | |
| | | Group / Art Unit | |
| | | Attorney Docket No. | P-6391-US |

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|---|--|--|--|
| METHOD OF PAYMENT (check all that apply) | | FEES CALCULATION (continued) | |
| <input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money <input type="checkbox"/> Other <input type="checkbox"/> None <input checked="" type="checkbox"/> Deposit Account Deposit Account Number 05-0649 Deposit Account Name Eitan, Pearl, Latzer & Cohen Zedek, LLP | | 3. ADDITIONAL FEES Large Entity Small Entity | |
| The Director is authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s) <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account. | | Fee Fee Fee Fee Code (\$) Code (\$) Code (\$) Fee Description | Fee Paid 1051 130 2051 65 Surcharge - late filing fee or oath 1052 50 2052 25 Surcharge - late provisional filing fee or cover sheet. 1053 130 1053 130 Non-English specification 1812 2,520 1812 2,520 Filing a request for ex parte reexamination 1804 920* 1804 920* Requesting publication of SIR prior to Examiner action 1805 1,840* 1805 1,840* Requesting publication of SIR after Examiner action 1251 110 2251 55 Extension for reply within first month 1252 420 2252 210 Extension for reply within second month 1263 950 2253 475 Extension for reply within third month 1254 1,480 2254 740 Extension for reply within fourth month 1255 2,010 2255 1,005 Extension for reply within fifth month 1401 330 2401 165 Notice of Appeal 1402 330 2402 165 Filing a brief in support of an appeal 1403 280 2403 145 Request for oral hearing 1451 1,510 1451 1,510 Petition to institute a public use proceeding 1452 110 2452 55 Petition to revive - unavoidable 1453 1,330 2453 665 Petition to revive - unintentional 1501 1,330 2501 665 Utility issue fee (or reissue) 1502 480 2502 240 Design issue fee 1503 640 2503 320 Plant issue fee 1480 130 1480 130 Petitions to the Commissioner 1807 50 1807 50 Processing fee under 37 CFR 1.17(q) 1806 180 1806 180 Submission of Information Disclosure Stmt 8021 40 8021 40 Recording each patent assignment per property (times number of properties) 1809 770 2809 385 Filing a submission after final rejection (37 CFR 1.129(a)) 1810 770 2810 385 For each additional invention to be examined (37 CFR 1.129(b)) 1801 770 2801 385 Request for Continued Examination (RCE) 1802 900 1802 900 Request for expedited examination of a design application |
| FEES CALCULATION | | SUBTOTAL (1) (\$770.00) | |
| 1. BASIC FILING FEE Large Entity Small Entity | | Fee Fee Fee Fee Code (\$) Code (\$) Fee Description Fee Paid | |
| 1001 770 2001 385 Utility filing fee 1002 340 2002 170 Design filing fee 1003 530 2003 265 Plant filing fee 1004 770 2004 385 Reissue filing fee 1005 180 2005 80 Provisional filing fee | | 770.00 _____ _____ _____ _____ _____ | |
| SUBTOTAL (1) (\$770.00) | | | |
| 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE | | | |
| Total Claims 35 -20** = 15 x 18 = 270.00 Independent Claims 6 -3** = 3 x 86 = 258.00 Multiple Dependant x 0 = _____ | | | |
| Extra Claims Fee from Below Fee Paid | | | |
| Large Entity Small Entity Fee Fee Fee Fee Code (\$) Code (\$) Fee Description | | | |
| 1202 18 2202 9 Claims in excess of 20 1201 86 2201 43 Independent claims in excess of 3 1203 290 2203 145 Multiple dependent claim, if not paid 1204 86 2204 43 ** Reissue independent claims over original patent 1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent | | | |
| SUBTOTAL (2) (\$528.00) | | SUBTOTAL (3) (\$) | |
| *or number previously paid, if greater; For Reissues, see above | | - Reduced by Basic Filing Fee Paid | |
| Complete (if applicable) | | | |
| Name (Print/Type) Mark S. Cohen Signature <i>[Signature]</i> | | Registration No. (Attorney/Agent) 42,425 | Telephone (212) 632-3480 Date March 30, 2004 |

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